

INVOICE

PLEASE REMIT TO:

INDIANA DEPT OF ENVIRONMENTAL MGMT
CASHIER OFFICE - MAIL CODE 50-10C
100 NORTH SENATE AVENUE
INDIANAPOLIS IN 46204

Page: 1
Invoice No: 000069294
Invoice Date: 01/02/2007
Customer Number: CST100017109
Bill Type: 062
Payment Terms: NET 60
Due Date: 03/03/2007

JAN 2 2007

Customer

MACS CONVENIENCE STORES LLC
MR KEVIN MERRITT-CIRCLE K STORE 2286
315 COMMONS MALL
PO BOX 347
COLUMBUS IN 47201

AMOUNT DUE: 100.00 USD

100-
Amount Remitted

☐ Note Address Changes Above.

For billing questions, please call 317-233-0604

Line	Adj Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
<p>- PLEASE NOTE NEW REMIT TO ADDRESS ABOVE.</p> <p>- This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit:</p> <p>- http://www.IN.gov/legislative/ic/code/title13/ar18/ch20.5.html</p> <p>- Fees are based on the activity status as of December 31 of the previous year.</p> <p>- Fees on Transient Non-Community Water System will be based on the type of water system on record by December 31 of the prior year.</p> <p>- Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable.</p> <p>- If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year.</p> <p>- Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee.</p> <p>- If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment.</p> <p>- For questions regarding your assessed fee amount, please contact the Drinking Water Branch, Office of Water Quality at 317/308-3282.</p> <p>- ATTENTION: The due date shown in the upper right hand corner of this invoice reflects the standard 60 days past the invoice print date.</p>						
1	07-IN2300824T-0	PWS Fee - GW	1.00		100.00	100.00

TOTAL AMOUNT DUE :

100.00

Please include a copy of your invoice along with payment.

Payments received without a copy of original invoice or invoice number noted on the check will be returned.

RCVD JAN 11 '07

IDEM - AR
PAID

Date _____
G/L _____
Store(s) _____
Afe 1 "

Approval 1 _____
Approval 2 _____
Approval 3 _____